



GUEST CONSULTATION FORM

HOTEL GUEST ☐

LOCAL RESIDENT ☐

FIRST VISIT ☐

RETURN VISIT ☐

LAST NAME: _____ FIRST NAME: _____

E-MAIL ADDRESS: _____

MALE ☐ FEMALE ☐

HOW DID YOU HEAR ABOUT ZASPA? (If you saw an ad, please say where.) _____

YOUR ANSWERS TO THE FOLLOWING QUESTIONS WILL BE CONSIDERED CONFIDENTIAL AND ARE NECESSARY TO ENSURE THAT WHATEVER SPA TREATMENT YOU RECEIVE IS NOT CONTRAINDICATED BECAUSE OF ANY HEALTH CONDITION YOU MAY HAVE.

INTENTIONS, EXPECTATIONS OR OBJECTIVES FOR YOUR TREATMENT? _____

MEDICATIONS TAKEN OR APPLIED: _____

PLACE A CHECK NEXT TO ANY OF THE CONDITIONS THAT ARE CURRENTLY APPLICABLE, AND IF NECESSARY, PROVIDE EXTENDED INFORMATION:

NOTE: EACH CONDITION INDICATED MIGHT HAVE AN EFFECT ON HOW WE (OR IF WE ARE ABLE TO) PERFORM YOUR PARTICULAR TREATMENT.

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|---|--|---|--|
| <input type="radio"/> ALLERGIES/SENSITIVITIES | <input type="radio"/> DIGESTIVE PROBLEMS | <input type="radio"/> LIVER PROBLEMS | <input type="radio"/> RECENT SCAR TISSUE |
| <input type="radio"/> ARTHRITIS/TEDONITIS | <input type="radio"/> EPILEPSY | <input type="radio"/> LYMPHADENECTOMY | <input type="radio"/> RESPIRATORY PROBLEMS |
| <input type="radio"/> BACK PROBLEMS | <input type="radio"/> FAINTING, FITS, SEIZURES | <input type="radio"/> METAL PINS/PLATES | <input type="radio"/> SINUS PROBLEMS |
| <input type="radio"/> BLOOD CLOTS | <input type="radio"/> FATIGUE | <input type="radio"/> MIGRAINE PROBLEMS | <input type="radio"/> SKIN ALLERGIES |
| <input type="radio"/> BONE/MUSCLE INJURIES | <input type="radio"/> FEVER | <input type="radio"/> MULTIPLE SCLEROSIS | <input type="radio"/> SKIN WARTS |
| <input type="radio"/> CANCER/TUMORS | <input type="radio"/> HEADACHES/HEAD INJURIES | <input type="radio"/> MUSCLE/JOINT PAIN | <input type="radio"/> SLEEP DIFFICULTIES |
| <input type="radio"/> CHRONIC PAIN | <input type="radio"/> HEART/LUNG CONDITIONS | <input type="radio"/> NAIL FUNGUS | <input type="radio"/> SPRAINS/JOINT PAIN |
| <input type="radio"/> COLD SORES | <input type="radio"/> HIGH/LOW BLOOD PRESSURE | <input type="radio"/> NUMBNESS/TINGLING | <input type="radio"/> SURGERY |
| <input type="radio"/> CONSTIPATION/DIARRHEA | <input type="radio"/> INFECTIOUS DISEASES | <input type="radio"/> OSTEOPOROSIS | <input type="radio"/> THROMBOSIS |
| <input type="radio"/> DEPRESSION | <input type="radio"/> JAW PAIN/TMJ DISORDER | <input type="radio"/> PREGNANCY | <input type="radio"/> VARICOSE VEINS |
| <input type="radio"/> DIABETES | <input type="radio"/> KIDNEY PROBLEMS | <input type="radio"/> RASHES/ATHLETE'S FOOT | |

PLEASE PROVIDE ADDITIONAL INFORMATION: _____

MASSAGE OR BODY TREATMENT: Please complete the following:

PARTICULAR AREAS OF FOCUS/CONCERN:

<input type="radio"/> NECK	<input type="radio"/> SHOULDERS	<input type="radio"/> LEGS	<input type="radio"/> HANDS
<input type="radio"/> ARMS	<input type="radio"/> FEET	<input type="radio"/> UPPER BACK	<input type="radio"/> LOWER BACK

MASSAGE REGIMENT:

<input type="radio"/> HAD A MASSAGE WITHIN THE LAST MONTH	<input type="radio"/> HAD A MASSAGE WITHIN THE LAST 6 MONTHS
<input type="radio"/> HAD A MASSAGE WITHIN THE LAST YEAR	<input type="radio"/> HAVE NEVER HAD A MASSAGE

AREA(S) TO BE AVOIDED: _____

FACIAL TREATMENT: Please complete the following:

SKIN TYPE:

<input type="radio"/> NORMAL TO OILY	<input type="radio"/> NORMAL TO DRY	<input type="radio"/> COMBINATION	<input type="radio"/> SENSITIVE
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SKIN CONCERNS:

<input type="radio"/> PRONE TO ACNE	<input type="radio"/> CLOGGED PORES	<input type="radio"/> SUN SPOTS	<input type="radio"/> DEHYDRATION
<input type="radio"/> DULLED/SALLOW SKIN TONE	<input type="radio"/> LOSS OF ELASTICITY	<input type="radio"/> FINE LINES/WRINKLES	

PARTICULAR AREAS OF FOCUS/CONCERN:

<input type="radio"/> FOREHEAD	<input type="radio"/> EYES	<input type="radio"/> NOSE	<input type="radio"/> LIPS
<input type="radio"/> CHIN	<input type="radio"/> NECK/DÉCOLLETÉ	<input type="radio"/> HANDS	<input type="radio"/> CHEEKS

SUN SENSITIVITY:

<input type="radio"/> HIGH (Prone to Burning)	<input type="radio"/> MODERATE (Burn Turning to Tan)	<input type="radio"/> LOW
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GUEST CONSULTATION FORM

WAXING TREATMENT: *Please complete the following:*

HAVE YOU HAD A CHEMICAL PEEL IN THE LAST 6 MONTHS?

☐ YES ☐ NO

HAVE YOU USED PRODUCTS CONTAINING RETIN-A, DIFFERIN OR RETINOL IN THE PAST 6 MONTHS?

☐ YES ☐ NO

Retin-A, Differin and Retinol are drying to the skin, therefore, waxing may lead to removal of skin, which may cause scarring.

USED ACUTANE OR DIFFERIN IN THE PAST OR PRESENT?

☐ YES ☐ NO

In consideration for the use of ZaSpa on the Hotel Zaza premises, the undersigned expressly agrees that participation in, and use of ZaSpa shall be undertaken at the undersigned's own risk.

The undersigned, for myself and on behalf of my executors, administrators, heirs, next of kin, representatives, successors and assigns, family members and any other party acting on my behalf, does hereby forever release, discharge, and acquit ZaSpa, Hotel ZaZa, Z Resorts Management, L.L.C., Givens-Records Development, LTD. and their affiliates and each of their agents, servants, employees, successors, administrators and insures (all hereinafter referred to as "releasees") from all claims, demands, proceedings, suits, liabilities, damages, expenses, causes of action or losses arising out of or connected in any way with the undersigned's use of the ZaSpa facility, equipment and programs, including but not limited to, any claims of bodily and personal injuries, property damage, or any fault or negligence on the part of releasees, their guests or members.

The undersigned further agrees to hold releasees harmless and indemnify releasees for any claim, judgement, damages, losses or expenses releasees may incur arising out of the undersigned's activities or use of ZaSpa and programs.

I understand that the massage/bodywork that I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any mental or physical illness and that nothing said in the course of the session given should be construed as such. I understand that massage/bodywork practitioners shall not engage in breast massage of female clients without written consent. It is also understood that draping will be used at all times during the service and any illicit or sexually suggestive remarks or advances made will result in the immediate termination of the session, and I will be liable for payment of the scheduled appointment. I understand that if I am uncomfortable at any time during the session, I have the right to cease the massage. I understand that the releasees are not responsible for any lost or misplaced personal items, including items left in lockers or locker combinations which may be forgotten.

I understand that use of the infrared sauna is at my own risk. Infrared sauna use is contraindicated and not advised for people with chronic conditions with a reduced ability to perspire (including multiple sclerosis, central nervous system tumors, and diabetes with neuropathy), hemophiliacs or guests prone to bleeding, fever, insensitivity to heat, pregnancy, acute or chronic joint injury, enclosed or open infections, silicone implants, cardiovascular conditions (including hypertension, hypotension, congestive heart failure, impaired coronary circulation or those taking cardiovascular or coronary medications.) Sauna use is not recommended for any guest that has consumed alcohol in the previous 12 hours. Guests should seek physician approval if on any type of prescription medication before sauna use, especially diuretics, barbiturates, and beta-blockers. I will exit the sauna immediately if I feel dizzy, sleepy, or uncomfortable in any way. Children under 18 years of age are not permitted in the sauna.

I understand that waxing over sunburned or very tanned skin may lead to removal of the skin, which may cause scarring. Diabetics have a very hard time healing when a wound or lesion occurs to the skin, as the immune system is unable to function fully to fighting bacteria. Allergies to any of the product ingredients used in waxing may cause severe allergic reaction.

I acknowledge that I have read this General Release and understand that I am signing a GENERAL RELEASE OF ALL LIABILITY.

SIGNED: _____ **DATE:** _____

If under 18, a legal parent or guardian must consent, sign and further agree to indemnify and hold harmless releasees from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such services by Minor.

GUARDIAN SIGNATURE: _____ **DATE:** _____

FOR THERAPIST USE ONLY:

DATE	THERAPIST NAME/SIGNATURE	TREATMENT	NOTES